STATE CONSTABLE CONSENT AND MEDICAL HISTORY

Name _____ Age _____ SSN _____

Home Address _____ Phone _____

_____ Date of Birth _____

The answers that I give are true to the best of my knowledge. This information will be used to determine whether I am medically capable of performing the essential functions of the physical demands while assisting law enforcement with the State Constable Program. Medical information regarding my ability to perform these activities will be made available to SLED. Other Information will be held strictly confidential.

Signature _____ Date _____

1. Do you have or have you ever had:

	YES	NO
Measles	☐	☐
Bronchitis	☐	☐
Mumps	☐	☐
Chickenpox	☐	☐
Seizures	☐	☐
Pneumonia	☐	☐
Tuberculosis (TB)	☐	☐
Cancer	☐	☐
Diabetes	☐	☐
Blood Problems	☐	☐
High Blood Pressure	☐	☐
Heart Problems	☐	☐
Kidney Problems	☐	☐
Ulcers	☐	☐
Arthritis	☐	☐
Hernia	☐	☐
Hemorrhoids	☐	☐
Skin Problems	☐	☐
Back Problems	☐	☐
Asthma	☐	☐
Lung Problems	☐	☐
Mental Illness	☐	☐
Hepatitis	☐	☐
Surgery	☐	☐
Significant Injuries	☐	☐

2. Are you allergic to any medicines, food or other substances? _____

3. Do you use:

	Yes/	No/	How Much/ In Past?
Cigarettes	☐	☐	_____
Alcohol	☐	☐	_____
Drugs	☐	☐	_____

4. List all medications you take regularly:

_____

_____

_____

_____

5. Family History: Have your mother, father, sister or brother had the following:

	Yes	No
Diabetes	☐	☐
High Blood Pressure	☐	☐
Heart Disease	☐	☐
Cancer	☐	☐
Stroke	☐	☐
Tuberculosis (TB)	☐	☐

Explain _____

Explain _____

Current Occupation _____ Job you have held longest _____

Have you ever been exposed to fumes, dust, chemicals, loud noise or radiation at work or elsewhere?

☐ yes ☐ no Explain _____

Have you ever been unable to hold a job because of medical reasons? ☐ yes ☐ no

Explain _____

Have you ever received Workers' Compensation? ☐ yes ☐ no

Explain _____

Have you lost time from work for medical reasons in the past five years? ☐ yes ☐ no

Explain _____

Examiner's Comments